

City of Franklin Application and Agreement for Service Non-Residential

Date you want service to begin _____ Account No. _____ - _____ - _____

Commercial ____ Industrial ____ Church ____ Irrigation ____ School ____ Fire line ____ Other ____

Are you sales tax exempt? Yes ____ No ____ **If yes, proper documentation must be provided.**

Are you subject to reduced tax rate? Yes ____ No ____ **If yes, proper documentation must be provided.**

Business Name _____

Owner Name _____

Service Address _____

Mailing Address _____

City _____ ST _____ Zip _____

Fed ID # (For Business) _____ Soc Sec # _____

D.L. # _____ STATE _____

Home phone _____ Daytime contact phone _____

Will you own or rent at this new location? Own ____ Rent ____ (Copy of lease required)

If renting, name of landlord _____

Are you currently a City of Franklin Water Dept. customer? ____ If yes, please give address you are transferring from:

____ Account No. _____

Do you want service terminated at the old address? ____ If yes, give date _____

Commercial solid waste disposal for rollout service is optional and fees are based on total amount of rollouts requested. A rate schedule is available if you are interested.

Do you want solid waste rollout disposal provided by the City of Franklin? ____ Yes ____ No

If yes, a separate application is necessary for this service.

____ I want to opt-in and automatically round up my monthly utility bill to the nearest whole dollar to support affordable housing.

\$50.00 Application fee paid by Cash ____ Check ____ MO ____ Bank Card ____ FIRST BILL _____

(Continued on other side)

A non-refundable fee of \$50.00 is payable when service is requested to offset bookkeeping and field work incurred by the City of Franklin as services are made available.

I hereby make application to the City of Franklin for water and/or sewer and/or garbage service and agree to pay for such according to prevailing rates.

I understand that all service is subject to the rules and regulations of the City of Franklin which may be amended from time to time and that these rules and regulations are part of this agreement.

I represent that neither I, the applicant, nor spouse, nor any other resident in the household owes the City of Franklin a delinquent bill. Any misrepresentation herein shall be grounds for discontinuance of service.

I further agree to pay all indebtedness for services rendered and in the event of a past due account, I shall pay reasonable expenses of collection, legal , attorney fees and otherwise.

I hereby acknowledge receipt of information sheet regarding rules and regulations and billing information.

Customer signature

Date

P.O. Box 487 Franklin, TN 37065 Phone (615) 794-4572 Fax (615) 550-1954